



NON-PRIVILEGED PROVIDERS ELECTRONIC APPLICATION (i.e. RNs, DHs)

PROVIDER INSTRUCTIONS TO COMPLETE AN ELECTRONIC APPLICATION



"A Worldwide Credentialing, Privileging, Risk Management, and
Adverse Actions System Supporting Medical Personnel Readiness"

WELCOME TO CCQAS!

Once you have a Username and Temporary Password, logging in CCQAS will require a Common Access Card (CAC). The CAC can be obtained by contacting your local Personnel Office.

Providers should contact their NOSC for additional information.

**The file used in this presentation is fictitious.
No personal information utilized for this
Presentation.**



Providers Work List

3 TABS at top contain:

- a. Work List (Renewals, ICTBs, PCSs)
- b. Applications (contain Pending tasks & Completed tasks)
- c. Documents may be uploaded/system will update the Credentials Record.

Let's get started:

Step 1:

Work List Tab - Double Click the first task. You may also use the right mouse button to Open the application.

NOTE: Once an electronic application has been submitted, it will appear in the Application section in a pending status.

The screenshot displays the CCOAS Provider Self-Service interface. At the top, the CCOAS logo and tagline are visible. The user is logged in as a Provider, and the last login attempt was on 03/28/2013 at 09:08:42 -05:00. The interface includes a navigation bar with links for 'My Applications', 'System', and 'Submit Trouble Ticket'. The 'Provider Self-Service' section has three tabs: 'Work List', 'Applications', and 'Documents'. The 'Work List' tab is active, showing a list of tasks. A status filter is set to 'Open Tasks', and the date range is from 03/28/2012 to 03/28/2013. A table lists the tasks, with the first task being 'Complete Application (Military)' with a task start date of 03/14/2013. A blue arrow points from the text 'Double Click the first task' to the first task in the table.

Urgent	Task	App Type	MTF	CC/CM/MSSP	CC/CM/MSSP Phone	Task Start Date	Task Complete Date
No	Complete Application (Military)	Renewal	N88907, NAVY MEDICINE SUPPORT COMMAND			03/14/2013	



Application

Step 2: The Electronic Application

The Gray Navigation Pane at left contains sections required to complete & successfully submit your Application.

Most Reserves Applications are renewals and may have green check marks which represent pre-populated information from the Credential Record.

NOTE: All sections with a **red lettering/asterisk *** are **required fields** to be completed before the system allows continuance. The Save Button must be selected EACH time to move forward with the application.

NOTE 2: A **green** check mark in the Gray Navigation Pane indicates you have completed the section.

https://ccqasvld2.csd.disa.mil/ - CCQAS Version 2.10.1 - Centralized Credentials Quality Assura - Windows Internet Explorer

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"

Last Logon Attempt: 03/28/2013 09:08:42 -05:00 | Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Instructions

Your application consists of several sections listed to the left of this screen. With the exception of the E-Signature which is the final step for submission of this application, the sections can be completed in any order. You must click on the Save button wherever available so you do not lose any information you have entered. If you have to leave the application before completing it, all saved information will be available when you return to complete the application. As you complete each section, the icon next to it will change. Below is a list of icons and definitions that will appear as you complete your application. Complete all fields in every section to avoid delays in processing your application. You will be notified if additional information is needed. All information you provide will be reviewed, verified and acted upon accordingly by reviewing and approving authorities.

Section required for E-Signature.

Section has not been completed.

Section has been completed.

Section has been locked for the review/approval process.

Section has been unlocked for updates.

Need Help? Contact your Credentials Office

Close

**** FOUO ****

Start Centralized Credentials ... https://ccqasvld2.cs... 10 Microsoft Office Ou... Microsoft PowerPoint - [...] CCQAS 2.10 & Reset Tool 11:41 AM

Gray Key/Menu



Section required for E-Signature



Section has not been completed



Section has been completed



**Section has been locked for the
review/approval process**



Section has been unlocked for updates



Profile & Position TABS

Step 3: Profile

Provider

Verify & ensure information is correct.

Name

SSN

Marital Status

Citizenship

Military Information

Branch: N13 – Navy Reserves
(SEL/RES/IRR)

AOC/Desig/AFSC: (as appropriate)

Rank : (as appropriate)

Corps : (as appropriate)

Accession : (as appropriate)

Alias Information

Add as applicable

Comments:

Add as applicable

NOTE: The majority of the profile section will be pre-populated, however make updates as necessary.

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CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"

Last Login Attempt: 04/08/2013 19:40:00 -05:00 Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Profile Position * Save

If known under another name, please complete the alias section.

Provider

Last Name: FAN First Name: ANN MI: Suffix: Title:

Person ID Type: Social Security Number Person ID: 113-13-1013

Gender: Female Date of Birth: 10/13/1990 Citizenship:

Marital Status: NPI: * Source DMHRS

Military Information

Branch: N13 - Navy Reserve (SELRES/IRR) AOC/Desig/AFSC: 2905 - Nurse Corps, USN

Rank: CAPT - Captain

Corps: INC - Nurse Corps Accession: DA - Direct Accession

Alias Information

Add

Alias Last Name	Alias First Name	Alias MI	Suffix	NPDB
No records returned.				

Comments

**** FOUO ****



Tab

Step 4: Position

"Non-Privileged" providers are either Nurse or Dental Hygienist)

Provider Category – click on the arrow at the dropdown menu & select Nurse or Dental Hygienist

Are you requesting privileges at this time – This will automatically default to No after you select Nurse or Dental Hygienist, and will gray out the next two drop down boxes.

Check the box adjacent to the existing UIC (i.e. N68907 for Reserve credentials)

Click the Save button top left.

NOTE: All sections with a red asterisk * are **required fields** to be completed before the system allows continuance. The Save Button must be selected EACH time to move forward with the application.

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CCQAS "A Worldwide Credentialing, Privileging, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"

Last Logon Attempt: 04/09/2013 18:40:00 -05:00 Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

ProfilePosition * Save

Position

Provider Category: [dropdown]
Duty Section: [dropdown]
Duty Phone: [text]
Date Reported to Current Assignment: [calendar]
Projected Rotation/Permanent Change of Station Date: [calendar]

Privileging

Are you requesting privileges at this time? Yes No

Type of Privileges Requested: [dropdown]
Type of Appointment Requested: [dropdown]

The E-app allows for privileges to be requested at multiple UICs. Select one or more UICs from the list below.

UIC	Name	Location	Request Admitting Privileges?	Parent
☒ N68907	NAVY MEDICINE SUPPORT COMMAND (RESERVES)	BLDG 554 Kelly St, FL	☐	Parent

**** FOUO ****

Start Microsoft PowerPoint - [...] CCQAS 2.10 & Reset Tool Centralized Credentials ... https://ccqasvld2.csd... Document1 - Microsoft ... 9:12 PM



Identification

Step 5:

The Identification section, within the gray menu, at left, will normally be a pre-populated section. This information is generally merged from the provider's Credential Record.



CCOAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"

Let Login Attempt: 03/26/2013 07:30:08 -05:00 Submit Ticket | Security Settings | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) : HIRMO, NAVY MEDICINE SUPPORT COMMAND (RESERVE), JACKSONVILLE

Instructions

- Profile Position *
- Identification *
- Contact Information *
- LicCertReg *
- DEACOS
- Education/Training *
- Specialty *
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest *
- Health Status Quest *
- Reference *
- Work History
- Privileges (HABR07) *
- E-Signature *
- Documents
- Summary Report
- Comments
- Application Packet
- Close

Identification

Add

Identification Type	Identification Number	State
Social Security Number	113-13-1330	

**** FOUO ****

NOTE: NO ACTION REQUIRED unless information is incorrect.

Information

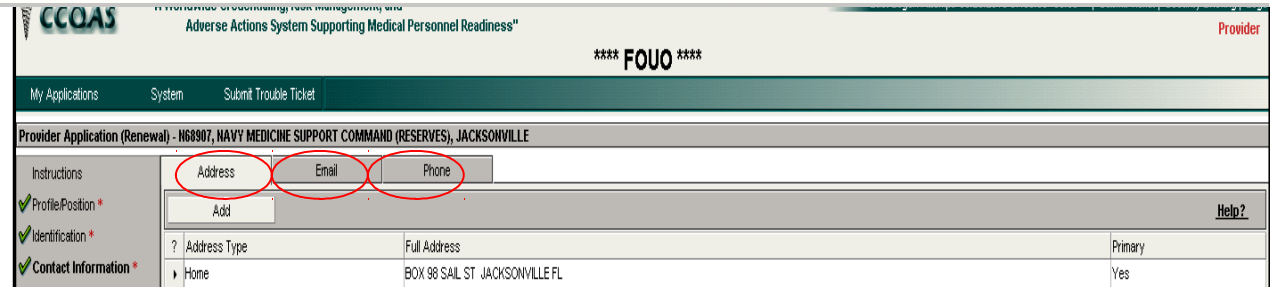
Step 6:

Enter all Contact information

Each Tab requires completion.

- Primary Address,
- Primary Email and
- Primary Phone Number.

NOTE: Add as much information as possible. The Save Button must be selected EACH time to move forward with the application.



CCOAS Adverse Actions System Supporting Medical Personnel Readiness

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - H68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

✓ Profile/Position *

✓ Identification *

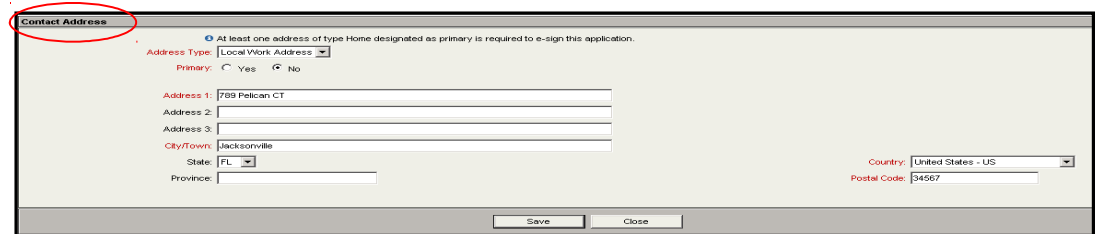
✓ Contact Information *

Address Email Phone

Add

Address Type	Full Address	Primary
Home	BOX 98 SAIL ST JACKSONVILLE FL	Yes

Help?



Contact Address

At least one address of type Home designated as primary is required to e-sign this application.

Address Type: Local/Work/Address

Primary: ☐ Yes ☒ No

Address 1: 789 Pelican CT

Address 2:

Address 3:

City/Town: Jacksonville

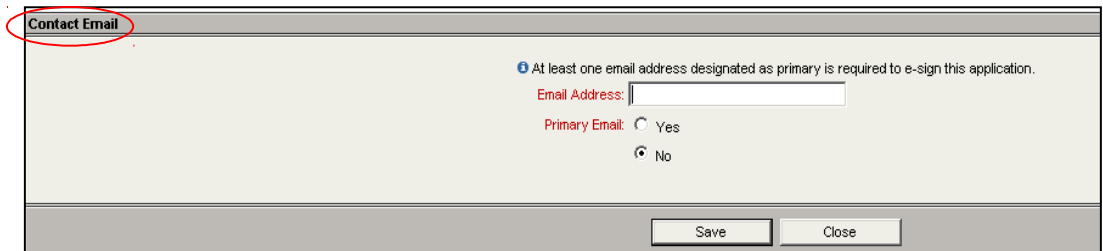
State: FL

Province:

Country: United States - US

Postal Code: 34567

Save Close



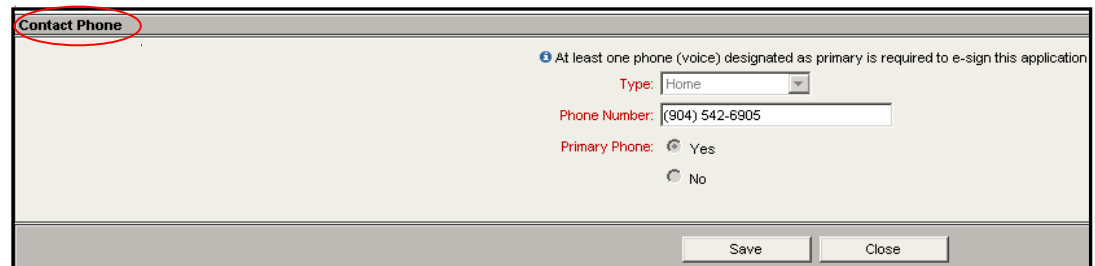
Contact Email

At least one email address designated as primary is required to e-sign this application.

Email Address:

Primary Email: ☐ Yes ☒ No

Save Close



Contact Phone

At least one phone (voice) designated as primary is required to e-sign this application.

Type: Home

Phone Number: (904) 542-6905

Primary Phone: ☒ Yes ☐ No

Save Close

g

Step 7:

Professional **State**

License/Certification/Registration

Section . Double click on the licenses
we have on file and update as
necessary.

Add all new or expired applicable
professional RN licenses not already
listed:

Type	State	Number	Field	Status	Expires	ADM Waiver
Licenses	Georgia	ABC123	Registered (professional) Nurses	Active	04/03/2014	No

Type:

-State:

-Number:

-Field:

-Issue Date:

-Expiration Date:

-Status:

-Remarks: If applicable or provide brief
explanation why license is/remains
expired (i.e. No longer reside in State)

To expedite the processing of your application, you must enter all previously and currently held licenses, registrations and/or certifications.
Medical and Dental Board certifications should be entered under the 'SPECIALTY' section of this application.

Type: State:

Number:

Field:

Issue Date: Expiration Date: ☐ Expiration Indefinite

Status:

Remarks:

NOTE: All sections with a **red**
lettering/asterisk * are **required**
fields to be completed before the
system allows continuance . The Save
Button must be selected EACH time to
move forward with the application.



Lic\Cert\Reg

continued... STEP 8:

The **National** tab is the Section you will add any National Certification(i.e. ANCC for RNs who are Nurse Practitioners in the civilian sector).

Double Click or right click to update the National Certification we have on file.

Click the Add button if you received a new certificate.

Fill in all the required information that is in Red Print (**State**)

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Last Login Attempt: 04/09/2013 19:50:29 -05:00 | Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - H68967, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions State National Unlicensed Information

Add

Type	Number	Field	Specialty	Status	Expires
Certification	1234ABC	Registered (professional) Nurses		Active	04/03/2014

National Certification/Registration

To expedite the processing of your application, you must enter all previously and currently held registrations and/or certifications. Medical and Dental Board certifications should be entered under the "SPECIALTY" section of this application.

Type: Certification Field: 100 - Registered (professional) Nurses

Number: 1234ABC Specialty: No Specialty Code

Status: Active Agency: No Agency

Issue Date: Expiration Date: 04/03/2014

Remarks:

Save Close



S

Step 9:

This section is where you can add a DEA license and State Controlled Substance License, if you have one.

Note: Only providers whose state license authorizes them to prescribe controlled substances are eligible to have a DEA license or state Controlled Substance License.

NOTE: All sections with a **red lettering/asterisk *** are **required fields** to be completed before the system allows continuance . The Save Button must be selected EACH time to move forward with the application.

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CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 03/29/2013 07:36:06 -05:00 | Submit Ticket | Security Briefing | Login

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

DEA/CDS

Profile/Position * Identification * Contact Information * Lic/Cert/Reg * DEA/CDS

Add

Help?

DEA Number	Type	Expiration
1234567890	Federal	4/1/2014

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 03/29/2013 07:36:06 -05:00 | Submit Ticket | Security Briefing | Login

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Drug Enforcement Agency(DEA)/Controlled Dangerous Substance(CDS)

Profile/Position * Identification * Contact Information * Lic/Cert/Reg * DEA/CDS Education/Training * Specialty *

Number: 6999FL Type: State

Expiration Date: 04/01/2014 Expiration Indefinite

State: FL - Florida

Remarks:

ning

Step 10:

The Education\Training Section is where you will add all your Education such as:

Qualifying Degree is defined as the degree that the USN brought you in as to practice as a RN/ Dental Hygienist.

*Nurses, please note to add additional nursing degrees(i.e. MSN), but list them in the ‘Type’ box as Other Degree **NOT** your Qualifying Degree.

After you add your education information click the ‘save’ button located at the Bottom Middle.

NOTE: The Save Button must be selected EACH time to move forward with the application.

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A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness

Last Login Attempt: 04/09/2013 19:50:29 -05:00
Submit Ticket
Security Briefing
Logout
Provider

**** FOUO ****

My Applications
System
Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions
Profile Position *
Identification *
Contact Information *
Lic/Cert/Reg *
DEAC/DCS
Education/Training *

Professional Education
ECFMG
Post Graduate Training

Add
Help?

?	Degree	Type	Institution	Attended From	Attended To	Completed
	Bachelor of Science in Nursing	Qualifying Degree	ST JOSEPH INFIRMARY SCHOOL OF NURSING		06/30/2010	Yes

Professional Education

You must enter a qualifying degree and all associated professional education information.
If a Foreign Medical Graduate but NOT Fifth Pathway, please add your ECFMG/IMGEMS Certification information located in the Education/Training section of this application.

Type: Qualifying Degree

Foreign Medical Graduate:
Fifth Pathway:

Degree: BSN - Bachelor of Science in Nursing

Institution Name: USUHS ST JOSEPH INFIRMARY SCHOOL OF NURSING

Check here if institution not found:

Address 1:
Address 2:

City: ROME
State: GA - Georgia

Postal Code:

Attended From:
Attended To: 06/30/2010

Completed: Yes

Remarks:

Save
Close



Specialty

Step 11:

ADD:

Nursing Specialty or Dental
Hygienist

Your specialty is the primary sub-specialty assigned to you by BUMED; the specialty that your billet is in.

You may add specialties, however, do not delete the primary sub-specialty assigned to you, as the USN credentials to the primary sub-specialty ONLY.

NOTE: All sections with a **red lettering**/asterisk * are **required fields** to be completed before the system allows continuance . The Save Button must be selected EACH time to move forward with the application.

Tab

Step 12:

You may add:

Academic Affiliations

Organizational Memberships.

Current Instructors at Civilian
or Military Treatment Facilities
should add information.

Members of Civilian or Military
Groups can be added as well.

NOTE: This is NOT a required
section.

If you add information to this
section, the Save Button must
be selected.



Education

Step 13:

ADD:

All Continuing Education

- CME,
- CNE,
- MIL EDU,
- RSV\GUARD

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CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 03/29/2013 07:36:06 -05:00 Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position *
- Identification *
- Contact Information *
- Lic/Cert/Reg *
- DEA/CDS
- Education/Training *
- Specialty *
- Affiliation
- Continuing Education

Continuing Education

Add

Course Type	Credit Hours	Course Number / Sponsor	Training Description	Started	Completed
CME	4		FLIGHT SURG 101	08/15/2005	12/02/2005

Help 2

After all Continuing Education is added, Save information.

NOTE: Continuing Education is not required to complete your application.

The Save Button must be selected EACH time to move forward with the application.

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CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 03/29/2013 07:36:06 -05:00 Submit Ticket | Security Briefing | Logout | Provider

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position *
- Identification *
- Contact Information *
- Lic/Cert/Reg *
- DEA/CDS
- Education/Training *
- Specialty *
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest *
- Health Status Quest *
- Reference *
- Work History

Continuing Education

Type: CME

Course Title: FLIGHT SURG 101

Start Date: 08/15/2005

Completion Date: 12/02/2005

Course No. / Sponsor:

Credits: 4

Training Location: NCM

Completion Date: 12/02/2005

Credit Category: 4

Speaker:

Remarks:

Save Close



Contingency Training

Step 14:

ADD:

Contingency Training

-BLS, ACLS, PALS, ATLS, TNCC,
etc.

NOTE: Contingency Training is
NOT Mandatory to complete
this application, *however, MTFs
require this information to be
updated for any military
training you may have(i.e. ATs,
ADTs, ADSWs, drills etc.).*

The Save Button must be
selected EACH time to move
forward with the application.

Type	Completion Date	Expiration Date	Instructor
ACLS - Advanced Cardiac Life Support		10/1/2015	No
BLS - Basic Life Support		12/31/2014	Yes

Training Type: CTTC - Combat Treatment Training Course

Completion Date: 06/30/2007

Check here if you are an instructor: ☐

Remarks:

Save Close

Practice History Questions

Step 15:

Four (4) Practice History Questions must **ALL** be answered in order to complete your application.

Notice, if you select YES, you must explain in the comments section to the far right of the question. System should prompt to add comment.

To add comment: Double click Comments tab and provide comment.

NOTE: The Save Button must be selected EACH time to move forward with the application.

NOTE 2: A green check mark in the Gray Navigation Pane indicates you have completed the section.

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - H8987, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position
- Identification
- Contact Information
- Lic/Cert/Reg
- DEACDS
- Education/Training
- Specialty
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest.
- Health Status Quest.
- Reference
- Work History
- E-Signature
- Documents
- Summary Report
- Comments

Practice History

Save

You must select a response to each of the Practice History questions. If you answer "Yes" to any of the questions, you must enter an explanation in the "Comments" box.

Questions

- Have you ever been the subject of a malpractice claim? (enter final disposition or current status of claim in comments).
- Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments).
- Has there been any previously successful or is there any currently pending challenge, investigation, revocation, restriction, disciplinary action, suspension, reprimand, probation, denial, or withdrawal to any licensure, certification, or registration (State, district, or Drug Enforcement Agency) to practice in any jurisdiction, or the voluntary/involuntary relinquishment of such licensure, certification or registration?
- Have you ever been arrested or detained for an alcohol or drug related incident?

Comments

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - H8987, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position
- Identification
- Contact Information
- Lic/Cert/Reg
- DEACDS
- Education/Training
- Specialty
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest.
- Health Status Quest.
- Reference
- Work History
- E-Signature
- Documents
- Summary Report
- Comments

Practice History

Save

You must select a response to each of the Practice History questions. If you answer "Yes" to any of the questions, you must enter an explanation in the "Comments" box.

Questions

- Have you ever been the subject of a malpractice claim? (enter final disposition or current status of claim in comments).
- Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments).
- Has there been any previously successful or is there any currently pending challenge, investigation, revocation, restriction, disciplinary action, suspension, reprimand, probation, denial, or withdrawal to any licensure, certification, or registration (State, district, or Drug Enforcement Agency) to practice in any jurisdiction, or the voluntary/involuntary relinquishment of such licensure, certification or registration?
- Have you ever been arrested or detained for an alcohol or drug related incident?

Comments

Message from webpage: A comment is required when selecting "YES" for question 4!

CCQAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness"

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - H8987, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position
- Identification
- Contact Information
- Lic/Cert/Reg
- DEACDS
- Education/Training
- Specialty
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest.
- Health Status Quest.
- Reference
- Work History
- E-Signature
- Documents
- Summary Report
- Comments
- Application Packet

Practice History

Save

You must select a response to each of the Practice History questions. If you answer "Yes" to any of the questions, you must enter an explanation in the "Comments" box.

Questions

- Have you ever been the subject of a malpractice claim? (enter final disposition or current status of claim in comments).
- Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments).
- Has there been any previously successful or is there any currently pending challenge, investigation, revocation, restriction, disciplinary action, suspension, reprimand, probation, denial, or withdrawal to any licensure, certification, or registration (State, district, or Drug Enforcement Agency) to practice in any jurisdiction, or the voluntary/involuntary relinquishment of such licensure, certification or registration?
- Have you ever been arrested or detained for an alcohol or drug related incident?

Comments

Question 4 Comment

DUI AFTER RECEIVING BSN IN JULY 2010



Questions

Step 16:

Seven (7) Health Status Questions must **ALL** be answered in order to complete the application.

Notice, if you select YES, you must explain in the comments section to the far right of the question. System should prompt to add comment.

**2. If you are taking any medications, you must list them and explain why you are taking them. This is in accordance with the Ability to Perform component for credentialing requirements.*

Double click the Comments tag to the left and provide comment for answering yes to one of the questions.

NOTE: The Save Button at the top left of the screen, must be selected EACH time to move forward with the application.

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Health Status

Save

You must select a response to each of the Health Status questions.
If you answer 'Yes' to any of the questions, you must enter an explanation in the 'Comments' box.

Questions

Questions	Yes	No	Comments
1. Do you currently have any physical or mental impairments that could limit your clinical practice?	☐	☒	
2. Are you currently taking any medications?	☒	☐	
3. Do you have potentially communicable disease?	☐	☒	
4. Have you been hospitalized for any reason during last 5 years?	☐	☒	
5. Have you ever been hospitalized for, or diagnosed with a psychiatric disorder?	☐	☒	
6. Are you currently under or have ever received treatment for an alcohol or drug related condition?	☐	☒	
7. Have you ever used a controlled substance that was not prescribed by a physician or other health care provider?	☐	☒	

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Health Status

Save

You must select a response to each of the Health Status questions.
If you answer 'Yes' to any of the questions, you must enter an explanation in the 'Comments' box.

Questions

Questions	Yes	No	Comments
1. Do you currently have any physical or mental impairments that could limit your clinical practice?	☐	☒	
2. Are you currently taking any medications?	☒	☐	
3. Do you have potentially communicable disease?	☐	☒	
4. Have you been hospitalized for any reason during last 5 years?	☐	☒	
5. Have you ever been hospitalized for, or diagnosed with a psychiatric disorder?	☐	☒	
6. Are you currently under or have ever received treatment for an alcohol or drug related condition?	☐	☒	
7. Have you ever used a controlled substance that was not prescribed by a physician or other health care provider?	☐	☒	

Message from webpage: A comment is required when selecting "YES" for question 2!

OK

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Health Status

Save

You must select a response to each of the Health Status questions.
If you answer 'Yes' to any of the questions, you must enter an explanation in the 'Comments' box.

Questions

Questions	Yes	No	Comments
1. Do you currently have any physical or mental impairments that could limit your clinical practice?	☐	☒	
2. Are you currently taking any medications?	☒	☐	
3. Do you have potentially communicable disease?	☐	☒	
4. Have you been hospitalized for any reason during last 5 years?	☐	☒	
5. Have you ever been hospitalized for, or diagnosed with a psychiatric disorder?	☐	☒	
6. Are you currently under or have ever received treatment for an alcohol or drug related condition?	☐	☒	
7. Have you ever used a controlled substance that was not prescribed by a physician or other health care provider?	☐	☒	

Question 2 Comment

PROLOSEC - BAD CASE OF INDIGESTION SINCE 2009

OK Cancel



Section

Step 17:

ADD:

**TWO (2) CURRENT PEER References
(must be in your primary specialty
assigned by BUMED):**

Include Point of contact information

- Name
- Title
- Email
- Phone number

**ONE (1) Civilian Employer Supervisor
or Office Manager PER EACH
CURRENT EMPLOYER**

Include Point of contact information

- Name
- Title
- Email
- Phone number

*Ensure to select YES as current reference
and delete old references if applicable.
Current is defined as within the past two
year credentialing cycle.*

NOTE: The Save Button must selected
EACH time to move forward with the
application.

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- ✓ Profile/Position *
- ✓ Identification *
- ✓ Contact Information *
- ✓ Lic/Cert/Reg *
- ✓ DEA/CDS
- ✓ Education/Training *
- ✓ Specialty *
- ✓ Affiliation
- ✓ Continuing Education
- ✓ Contingency Training
- ✓ Practice History Quest. *
- ✓ Health Status Quest. *
- ✓ Reference *

References

Add

?	Current	Name	Title/Position	Address	City	State
✓	Yes	JEAN MEAN	Clinical Supervisor	908 BAD LN	JAX	FL
✓	Yes	JOE BIG	Peer	788 ELM CT	JAX	FL
✓	Yes	TINY TOT	Peer	345 STATE ST	JAX	FL

Help?

Instructions

- ✓ Profile/Position *
- ✓ Identification *
- ✓ Contact Information *
- ✓ Lic/Cert/Reg *
- ✓ DEA/CDS
- ✓ Education/Training *
- ✓ Specialty *
- ✓ Affiliation
- ✓ Continuing Education
- ✓ Contingency Training
- ✓ Practice History Quest. *
- ✓ Health Status Quest. *
- ✓ Reference *
- ✓ Work History
- ✓ Privileges (N68907) *
- ✓ E-Signature *

Documents

Summary Report

Comments

References

Please ensure that you have added at least 2 current references.
At least one phone number, email, or address is required.

References

Current Reference: ☒ Yes ☐ No

Reference Name: Title/Position:

Address

Address 1: Address 2:

Address 3: Address 4:

City: Province:

State: Zip:

Contacts

Email:

Phone #:

Fax #:

Save Close

History

Step 18:

Work History tab contains, in chronological order, all your work history, vacations, Commands etc;. If there is a Time Gap of 30 days or more, you will see this Icon.



GAPS in employment **MUST BE** addressed. You **MUST** list the employer's name under the FACILITY NAME field.

According to Joint Commission standards and BUMED Instruction(available upon request) , ALL employment since your Qualifying Degree MUST be listed. Once listed, you will only have to make updates upon future reserve credential

CCOAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" **** FOUO **** Provider

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- ✓ Profile/Position *
- ✓ Identification *
- ✓ Contact Information *
- ✓ Lic/Cert/Reg *
- ✓ DEA/CDS
- ✓ Education/Training *
- ✓ Specialty *
- ✓ Affiliation
- ✓ Continuing Education
- ✓ Contingency Training
- ✓ Practice History Quest *
- ✓ Health Status Quest *
- ✓ Reference *

Malpractice Insurance Work History

Add Enter all currently and previously held malpractice insurance policies. Help ?

? Insurance/Contractor	Policy Number	Expires	Address1	Address2	City	State	Postal Code
GREAT MED CARE	8800	12/31/2014	BLUE CROSS WAY		JAX	FL	34567

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My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- ✓ Profile/Position *
- ✓ Identification *
- ✓ Contact Information *
- ✓ Lic/Cert/Reg *
- ✓ DEA/CDS
- ✓ Education/Training *
- ✓ Specialty *
- ✓ Affiliation
- ✓ Continuing Education
- ✓ Contingency Training
- ✓ Practice History Quest *
- ✓ Health Status Quest *
- ✓ Reference *
- Work History

Add Work History Help ?

? Type	UIC/Facility	ML/JOV	Provider Type	Start Date	End Date
Assignment	N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES)	ML	Drilling Ready Reserve	03/14/2013	
Gap	Reason:			01/01/2004	03/14/2013
Residency	Fight Surgery, 96 MDG, EGLIN AFB, FL			01/01/2003	01/01/2004
Qualifying Degree	MD, UNIVERSITY OF FLORIDA, GAINESVILLE				07/04/2002



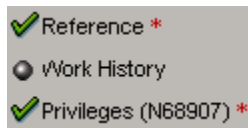
WORK HISTORY (TIME GAP) continued...

You must  GAP entry for ALL employment time gaps greater than 30 days.

Click the Icon and provide reasoning for Time Gap

When this Tilde Icon  is clicked after you submit a comment for a time gap, it will reveal reason.

Note: Green check mark will not be displayed upon completion.



My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position *
- Identification *
- Contact Information *
- Lic/Cert/Reg *
- DEA/CDS
- Education/Training *
- Specialty *
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest. *
- Health Status Quest. *
- Reference *
- Work History
- Privileges (N68907) *
- E-Signature *
- Documents

Add Work History

Type	UIC/Facility	MIL/CIV	Provider Type	Start Date	End Date
Assignment	N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES)	MIL	Drilling Ready Reserve	03/14/2013	
GAP	Reason: Other			01/01/2009	03/14/2013
Work History	N00060, USS SARATOGA	CIV	Active Duty Staff (non Training)	01/01/2005	01/01/2009
GAP	Reason: Vacation			01/01/2004	01/01/2005
Residency	Flight Surgery, 96 MDG, EGLIN AFB, FL			01/01/2003	01/01/2004
Qualifying Degree	MD, UNIVERSITY OF FLORIDA, GAINESVILLE				07/04/2002

Adverse Actions System Supporting Medical Personnel Readiness

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position *
- Identification *
- Contact Information *
- Lic/Cert/Reg *
- DEA/CDS
- Education/Training *
- Specialty *
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest. *
- Health Status Quest. *
- Reference *
- Work History

Gap Explanation - 01/31/2009 - 03/14/2013

Reason: Other

Comment: JOINED NAVY RESERVES

Save Cancel

)- N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Malpractice Insurance Work History

Add Work History

Type	UIC/Facility	MIL/CIV	Provider Type
Assignment	N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES)	MIL	Drilling Ready Reserve
GAP	Reason: Other		
Work History	N00060, USS SARATOGA		Active Duty Staff (non Training)
GAP	Reason: Vacation		
Residency	Flight Surgery, 96 MDG, EGLIN AFB, FL		
Qualifying Degree	MD, UNIVERSITY OF FLORIDA, GAINESVILLE		

SIGNATURE

Step 19:

Upon completion of Work History Information , Selected the **E-Signature Section**.

Attestation Statement

Once selected CCQAS will generate an **Attestation Statement**, which consists of Nine (9) Yes or No questions. Comment must be provided for each NO response.

Upon completion of the Attestation Statement – you must AGREE to the terms stated.

*** FOUO ***

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position *
- Identification *
- Contact Information *
- DEACDS
- Education/Training *
- Specialty *
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest. *
- Health Status Quest. *
- Reference *
- Work History
- Privileges (N68907) *
- E-Signature ***

Attestation Statement

I certify that (check appropriate box for each paragraph):

- 1) All information submitted by me in this application is true to the best of my knowledge and belief. I understand any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001. ☐ Yes ☐ No
- 2) I possess the credentials and current clinical competence to justify the granting of staff appointment with clinical privileges as requested. ☐ Yes ☐ No
- 3) I have been provided a copy or access to the professional staff policies, procedures, and bylaws of the facility and an opportunity to read those documents. I agree to comply with the professional staff policies, procedures, and bylaws of the facility. ☐ Yes ☐ No
- 4) I have been provided access to and agree to comply with the applicable credentials and privileging directives. ☐ Yes ☐ No
- 5) I have no current mental or physical impairment that could limit my clinical abilities. ☐ Yes ☐ No
- 6) I will notify the privileging authority and my commanding officer, if different from privileging authority, of any change in my mental or physical condition that could limit my clinical ability or performance. ☐ Yes ☐ No
- 7) I pledge to provide for the continuous of care for my patients. ☐ Yes ☐ No
- 8) To my knowledge, I am not currently under investigation involving substandard clinical practice, malpractice, or personal misconduct. ☐ Yes ☐ No

For the purpose of evaluating my professional competence, character, and ethical conduct, I authorize the appropriate staff or the agents of N68907 NAVY MEDICINE SUPPORT COMMAND (RESERVES), to contact and consult with:

9) Administrators and members of the professional staff of any other treatment facility, institution, or practice with which I have been associated, current or past malpractice carriers and my professional colleagues. ☐ Yes ☐ No

I release from liability all individuals or organizations who respond honestly and in good faith to inquiries authorized in paragraphs above.

Signature _____

☒ I Agree with the Attestation Statement above

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

- Profile/Position *
- Identification *
- Contact Information *
- DEACDS
- Education/Training *
- Specialty *
- Affiliation
- Continuing Education
- Contingency Training
- Practice History Quest. *
- Health Status Quest. *
- Reference *
- Work History
- Privileges (N68907) *
- E-Signature ***

Attestation Statement

I certify that (check appropriate box for each paragraph):

- 1) All information submitted by me in this application is true to the best of my knowledge and belief. I understand any false or incomplete information knowingly provided on or with this application may be grounds for not employing or accessing me, or for dismissing or releasing me if I am already employed or serving. I understand that knowingly providing false or incomplete information is punishable by fine or imprisonment under U.S. Code Title 18, Section 1001. ☐ Yes ☐ No
- 2) I possess the credentials and current clinical competence to justify the granting of staff appointment with clinical privileges as requested. ☐ Yes ☐ No
- 3) I have been provided a copy or access to the professional staff policies, procedures, and bylaws of the facility and an opportunity to read those documents. I agree to comply with the professional staff policies, procedures, and bylaws of the facility. ☐ Yes ☐ No
- 4) I have been provided access to and agree to comply with the applicable credentials and privileging directives. ☐ Yes ☐ No
- 5) I have no current mental or physical impairment that could limit my clinical abilities. ☐ Yes ☐ No
- 6) I will notify the privileging authority and my commanding officer, if different from privileging authority, of any change in my mental or physical condition that could limit my clinical ability or performance. ☐ Yes ☐ No
- 7) I pledge to provide for the continuous of care for my patients. ☐ Yes ☐ No
- 8) To my knowledge, I am not currently under investigation involving substandard clinical practice, malpractice, or personal misconduct. ☐ Yes ☐ No

For the purpose of evaluating my professional competence, character, and ethical conduct, I authorize the appropriate staff or the agents of N68907 NAVY MEDICINE SUPPORT COMMAND (RESERVES), to contact and consult with:

9) Administrators and members of the professional staff of any other treatment facility, institution, or practice with which I have been associated, current or past malpractice carriers and my professional colleagues. ☐ Yes ☐ No

I release from liability _____

Signature _____

Question 6 Comment

I'M CURRENTLY BEING SUED FOR MALPRACTICE AS OF DEC 2012 AND WAITING JUDICATION.

Ok Cancel

E-Signature (Submitting The Application)

Step 20:

FINAL STEP!!!

After agreeing to the Attestation Statement, CCQAS will allow application review prior to submission.

CCQAS will generate the application and a POP-UP window should be displayed:

Your application has been submitted Successfully.

NOTE: The system will take some time to generate the application.

PLEASE BE PATIENT!

DO NOT click the AGREE tab more than once, as this will generate duplicate applications.



AFTER YOUR APPLICATION IS SUCCESSFULLY SUBMITTED

The application will move from Active Task Work List to "My Applications".

Once applications are submitted, it is LOCKED. Viewable only to the provider.

File Managers will review and may RETURN applications for erroneous, incomplete, or missing information.

If the applications are returned for any of the above reasons, guidance will be provided stating reason(s). Certain sections of the application may be UNLOCKED for updates.



Section has been locked for the review/approval process.

CCOAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 04/01/2013 06:47:27 -05:00 Submit Ticket | Security Briefing | Logout Provider

My Applications System Submit Trouble Ticket

Provider Self-Service

Work List Applications Documents

Double click on a worklist task to open it. You may view completed e-applications from current or past privileging periods in the "Applications" tab. Uploaded documents, performance assessments and PDF files of completed e-applications may be viewed in the "Documents" tab.

Status: Open Tasks Show tasks with a start date between 04/01/2012 and 04/01/2013 Filter

Urgent	Task	App Type	MTF	COCOMMSSP	COCOMMSSP Phone	Task Start Date	Task Complete Date
No Records Found.							

CCOAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 04/01/2013 06:47:27 -05:00 Submit Ticket | Security Briefing | Logout Provider

My Applications System Submit Trouble Ticket

Provider Self-Service

Work List Applications Documents

To request a modification of privileges, find the completed application that you would like to modify and select "Request Modification" from the menu by clicking the arrow to the left of the record or right clicking anywhere on the record. Only applications that have been approved and are not expired can be modified.

MTF	App Type	App Status	Requesting Privileges	COCOMMSSP	COCOMMSSP Phone	Submit Date	Priv Effective	Priv Expiration
N68907, NAVY MEDICINE SUPPORT COMMAND	Renewal (Military)	Submitted	Yes			04/01/2013		

CCOAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 04/01/2013 06:47:27 -05:00 Submit Ticket | Security Briefing | Logout Provider

My Applications System Submit Trouble Ticket

Provider Application (Renewal) - N68907, NAVY MEDICINE SUPPORT COMMAND (RESERVES), JACKSONVILLE

Instructions

Your application consists of several sections listed to the left of this screen. With the exception of the E-Signature which is the final step for submission of this application, the sections can be completed in any order. You must click on the Save button whenever available so you do not lose any information you have entered. If you have to leave the application before completing it, all saved information will be available when you return to complete the application. As you complete each section, the icon next to it will change. Below is a list of icons and definitions that will appear as you complete your application. Complete all fields in every section to avoid delays in processing your application. You will be notified if additional information is needed. All information you provide will be reviewed, verified and acted upon accordingly by reviewing and approving authorities.

- Section required for E-Signature.
- Section has not been completed.
- Section has been completed.
- Section has been locked for the review/approval process.
- Section has been unlocked for updates.

Need Help? Contact your Credentialing Office

Close

DOCUMENTS

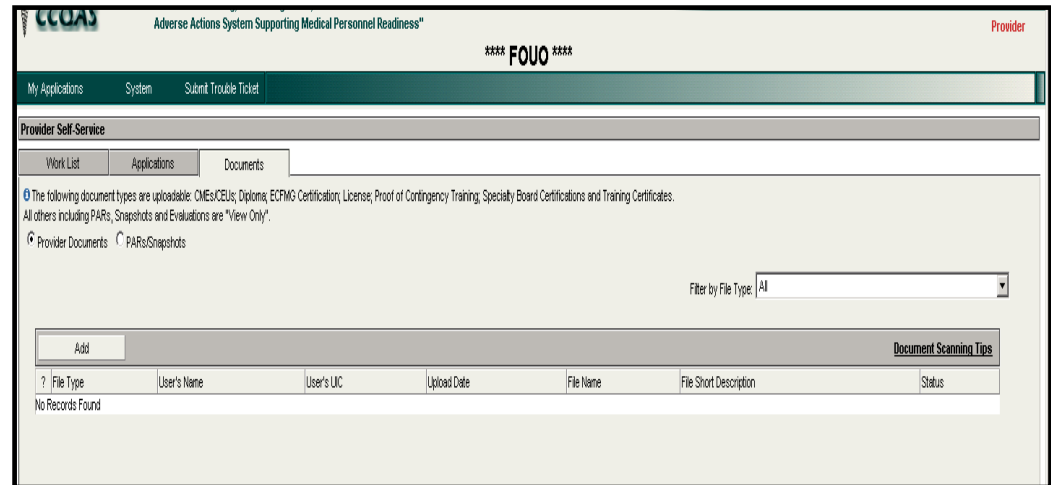
Documents may be uploaded in the "Documents" section.

- Clinical/Performance Appraisal Reports(CAR/PARs)
- Licenses
- CME's
- Contingency documents
- Photo, etc.

Once documents are uploaded, CCQAS will provide notification that documents have been successfully loaded.

Check and make sure document was loaded in the Documents Work List.

NOTE: Refer to the Documents Scanning Tips located Top Right Corner if applicable. We advise that you save and print a copy of your submitted application for your records.



CCQAS Adverse Actions System Supporting Medical Personnel Readiness

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Self-Service

Work List Applications Documents

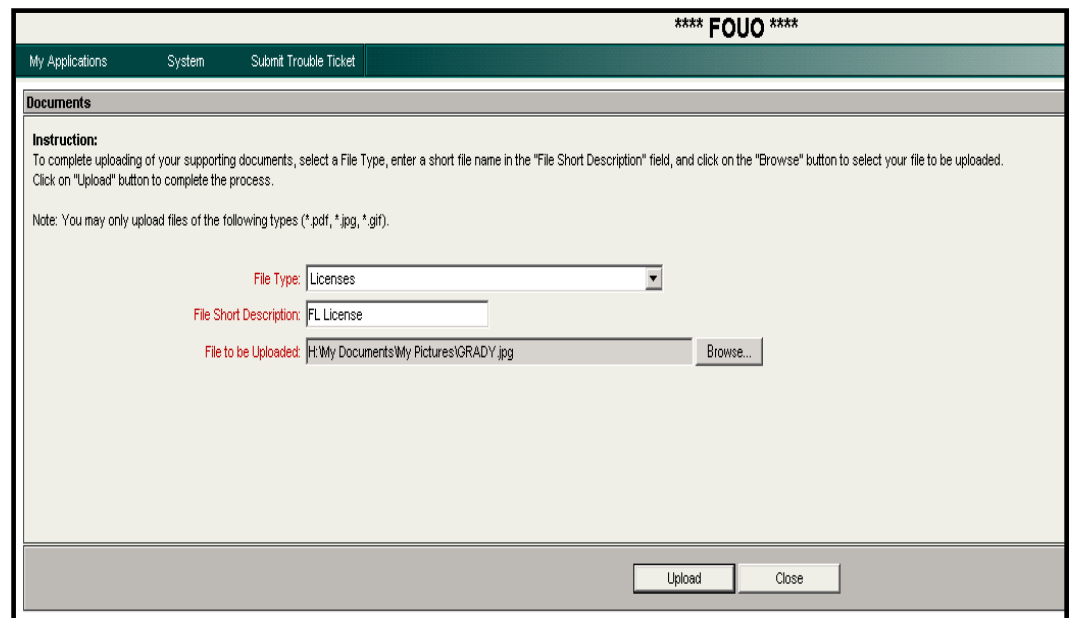
The following document types are uploadable: CMEs/CEUs; Diploma; ECFMG Certification; License; Proof of Contingency Training; Specialty Board Certifications and Training Certificates. All others including PARs, Snapshots and Evaluations are "View Only".

☒ Provider Documents ☐ PARs/Snapshots

Filter by File Type: All

Add Document Scanning Tips

File Type	User's Name	User's LIC	Upload Date	File Name	File Short Description	Status
No Records Found						



**** FOUO ****

My Applications System Submit Trouble Ticket

Documents

Instruction:
To complete uploading of your supporting documents, select a File Type, enter a short file name in the "File Short Description" field, and click on the "Browse" button to select your file to be uploaded. Click on "Upload" button to complete the process.

Note: You may only upload files of the following types (*.pdf, *.jpg, *.gif).

File Type: Licenses

File Short Description: FL License

File to be Uploaded: H:\My Documents\My Pictures\IGRADY.jpg Browse...

Upload Close



DOCUMENTS

CCOAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 04/01/2013 08:47:27 -05:00

**** FOUO ****

My Applications System Submit Trouble Ticket

Documents

Instruction:
To complete uploading of your supporting documents, select a File Type, enter a short file name in the "File Short Description" field, and click on the "Browse" button to select your file to be uploaded. Click on "Upload" button to complete the process.

Note: You may only upload files of the following types (*.pdf, *.jpg, *.gif).

File Type:

File Short Description:

File to be Uploaded:

Message from webpage
File has been uploaded successfully

https://ccqas.mic.com/... CCOAS Version 2.10.1 - Worldwide Credentialing Quality Assurance - Windows Internet Explorer

CCOAS "A Worldwide Credentialing, Risk Management, and Adverse Actions System Supporting Medical Personnel Readiness" Last Login Attempt: 04/01/2013 08:47:27 -05:00 Submit Ticket Security Briefing Logout

**** FOUO ****

My Applications System Submit Trouble Ticket

Provider Self-Service

Work List Applications Documents

The following document types are uploadable: CMEs/CEUs; Diploma; ECPMG Certification; License; Proof of Contingency Training; Specialty Board Certifications and Training Certificates. All others including PARs, Snapshots and Evaluations are "View Only".

☒ Provider Documents ☐ PARs/Snapshots

Filter by File Type:

[Document Scanning Tips](#)

File Type	User's Name	User's LIC	Upload Date	File Name	File Short Description	Status
Licenses	GUN HO	N68907	4/1/2013 3:29:33 PM	GRADY	FL License	

QUESTIONS?

Please contact your
file manager to notify
him/her that you have
completed the
application or if you
need further
assistance.